



DISTRICT OF COLUMBIA

OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

Enrollment Audit Appeals Form

Student Name: _____

Student USI: _____

LEA/CBO Name: _____

School Name: _____

School Code: _____

LEA Contact: _____

Phone: _____

Email: _____

Type of Appeal (check all that apply):

☐ Absent student(s)

☐ LEP/ELL status

☐ Remove student(s) (extra student)

☐ Add student(s) (missing student)

☐ Residency status

☐ Student grade level/other demographics

☐ Special education status and/or level

☐ At-risk status

List of Supporting Documents being uploaded to QuickBase:

Please refer to the Enrollment Audit Appeals Guide for types of acceptable documentation.

I certify that the information provided to OSSE is accurate and reflects the above identified LEA/CBO's enrollment audit appeal.

Head of LEA/CBO or Designee (Printed Name)

Date

Head of LEA/CBO or Designee Signature